



State of Connecticut
Department of Developmental Services

DDS

Dannel P. Malloy
Governor

Terrence W. Macy, Ph.D.
Commissioner

Joseph W. Drexler, Esq.
Deputy Commissioner

MEMORANDUM

TO: Benjamin Barnes, Secretary

FROM: Joseph Drexler, Deputy Commissioner *Joseph W. Drexler*

DATE: January 13, 2012

RE: Procurement Plans for Purchase of Service (POS)

Please find enclosed the Department of Developmental Services Procurement Plan for Purchase of Service (POS).

Please contact me if you have any questions.

Enclosure

Cc: Deb Heinrich, Non-Profit Liaison to the Governor
Robert Dakers, Executive Financial Office, OPM
Paul Potamianos, Executive Budget Officer, OPM
Judy Dowd, Section Chief, Budget Division, OPM
Susan Simmat, Policy Development Coordinator, Office of Finance, OPM
Terrence W. Macy, Ph.D., Commissioner
Mary Fuller, Chief, Fiscal and Administrative Services
Peter Mason, Acting Director, Operations Center

Purchase of Service Contracting In the Department of Developmental Services

Section 1: Introduction

The Department of Developmental Services (DDS) provides a broad array of services to people with Intellectual Disabilities who are found eligible based on the standard established by 17a-210 C.G.S. Additionally, DDS is the lead agency for Birth to Three Services and the Autism Pilot. DDS received reimbursement of over \$515 million dollars in FY2011 for services provided under Home and Community Based Service (HCBS) waivers, the ICF MR Program and Targeted Case Management. The federal requirements for participating in the HCBS program provide a framework for service provisions within contracted services. Births to Three services are subject to both Part C of the Individuals with Disabilities Education Act and to 17a-248 C.G.S. and are reimbursed in part by Medicaid and therefore are subject to certain Medicaid regulations. One of the key components of Medicaid and the HCBS waivers is the recipient has the right to choose from a variety of qualified providers. The Department of Developmental Services first implemented this approach as part of the Birth to Three Program in July, 1996. This change has empowered people served by DDS and their families, and has led to greater satisfaction with services.

1.1 Purpose of the Plan

This plan describes the approach that DDS will take over the next three fiscal years for procuring human services. It is an attempt to combine the principles of openness and fairness with the federal requirements and the Department's strong historical commitment to empowering people who receive supports through DDS. While the largest part of procurement occurs as part of participation in the waivers, there are some other procurement activities that will be addressed as well. This plan will evolve based on new federal requirements, clarification of existing guidelines, and a commitment by DDS to have the most responsive and effective service delivery system possible.

The department proposes to maintain its current system of providers for residential and day services for individuals with intellectual disabilities without issuing a RFP to rebid any existing services unless there is a significant problem with provider performance. We request a three year extension to the waiver from OPM in this regard. As the document explains, the department believes that its current policies and practices for provider qualification, provider selection, portability and rate setting adequately addresses the need for a fair and open process to become a DDS provider and for freedom of choice by consumers.

1.2 Current Organizational Structure and Procurement Contracting Practices

Purchase of Service (POS) Contracts are developed, managed and monitored in the Regions and the central office of DDS. The Operations Center in DDS's Central Office is responsible for processing and monitoring residential, day and Fiscal Intermediary POS contracts and for

associated fiscal and policy issues involving private providers of service. Birth to Three contracts are developed, managed and monitored in the central office of DDS. Specialized POS contracts for such services as clinical services for DDS participants are developed, managed and monitored in the Region.

Choice is a key component of our system that empowers people to decide who and what supports are provided and the ability to make timely changes to the type of supports they receive. Individual participants and their families work with case managers on the specific details of their individual plan and may obtain services from a provider or by directly hiring support staff that are paid by a Fiscal Intermediary (FI). The DDS case manager works with the individual through their individual plan to develop a program and to implement desired changes. The Operations Center provides a central coordination and oversight function for the administrative aspects of purchasing services including procurement planning, contract execution and fiscal review. The DDS regional office oversees the day to day management of the providers and the POS contracts. Providers have one consolidated contract with the department for residential and day services. Due to centralized contracting and consolidation of the contract, DDS has dramatically reduced the number of contract amendments.

Section 2: Services to Adults and Children over the Age of Three

2.1 Background

DDS has had a long history of providing our participants with the opportunity to make choices in their personal lives. The Department's Mission Statement encourages individuals and their families to choose the provider best able to support their needs when entering the system. In 2001 the Department enhanced this by issuing portability policies and procedures allowing individuals in contracted Supported Living and Day programs the ability to exercise choice by taking their funding and moving to another program. In 2003 this portability was extended to individuals living in contracted Community Living Arrangements, as well as individuals living in state-operated community living arrangements. This has allowed individuals to control their own supports and the money used to pay for the services they receive. Individuals and families can use the funds to purchase services from any qualified provider or hire their own staff.

In 2005, the Department established the Individual and Family Support Waiver and renewed its Comprehensive Waiver. The Waivers promote the concept of allowing individuals and families to self-direct services and supports to the extent desired. This is based on a set of beliefs that includes equal access to services and supports, individual control of resources, the ability to choose the provider best able to meet their needs and the ability to develop a creative, flexible support system through self-direction. In addition, the Centers for Medicare and Medicaid Services (CMS) requires states with Waivers to ensure that consumers have the ability to choose a provider who they believe will provide the best supports and the freedom to move between qualified providers of services.

2.2 Future Procurement Process

The Department established standard utilization based rates for the services outlined in the Waiver programs on April 1, 2005. The Department is implementing a utilization rate system based on an individual's level of need (LON) for all participants whether or not they are currently enrolled in any of the waiver programs. This approach allows for a smooth transition onto the waiver and provides the administration efficiency of managing one procurement system. The Department began the 7 ½ year transition for those providers who have legacy negotiated contracts to the Uniform LON Based Rate System beginning on January 1, 2012 for Day Services. Residential Services is scheduled to begin on January 1, 2013.

2.3 Key Principles

The new system has some key principles that guide the specifics of the procurement plan.

- Self Determination: People help shape their services and choose the provider of services from a pool of qualified providers.
- Choice of Provider: People choose their service providers and may change providers when they are dissatisfied.
- Informed Decision Making: People understand their right to informed decision making and are aware of their options for service providers.
- Openness: System transparency allows the providers and potential providers to access information so that they may become qualified for a service and compete for selection to provide services to an individual.
- Transparency: Opportunities to participate as a qualified provider will be posted on the DDS website and the DAS Procurement Portal.
- Fairness: Information about DDS and its services and requirements will be readily available on the web site. Unless there are extraordinary or emergency circumstances, services where four (4) or more people choose to collaborate for combined services will utilize the DDS RFP process and the DAS portal will be used.
- Competition: Providers will have the opportunity to provide information, which DDS will make available to people who are choosing a new provider or are considering changing their provider.
- Standardization: DDS utilizes a standard RFP process and a standard process for becoming a Qualified Provider. DDS has implemented a standard quality assurance process that provides information about whether a provider should continue as Qualified Provider.

2.4 Structure of Procurement Utilizing Key Principles

Since people choose their services from among the pool of qualified providers, it is critical that the process of becoming a Qualified Provider be open and fair. The process of becoming a Qualified Provider is detailed on the DDS website. The components of the application packet are included. Additionally, there is a contact within the Operations Center who is available to answer questions and guide potential providers through the process. Providers are qualified for specific services so they do not have to have the necessary infrastructure to provide all services. The requirements to become a qualified provider are straightforward. Providers must submit a packet that includes:

- Provider Application
- Assurance Agreement – must be signed and all items initialed
- Provider Agreement
- A copy of the incorporation papers
- Applicable policy and procedures for each service as outlined in the provider guidelines
- Professional References
- Credentials of the Organization and its leadership
- Quality Improvement Plans
- Continuity of Operations Plan

Any missing or unacceptable items will be detailed in an email to the provider. Once all necessary documents are submitted the packet is reviewed for content and completeness. Once the provider has submitted a complete packet and the Department has accepted it, the credentials will be verified by the Department. Depending on the results, the provider will be interviewed by a Selection Committee. The Selection Committee may accept, accept with qualification or deny the application of the provider. Once a provider has been accepted by the Selection Committee, the provider is required to attend a new provider Training and, then will be placed on the DDS qualified providers list.

2.5 Qualified Providers

Once a provider is qualified they are added to the Qualified Provider list with contact information and the regions are notified of the addition. The Department has developed a web based system that allows families to obtain additional information about Qualified Providers. Case managers also have access to this information to share with families and consumers. DDS recognizes that once qualified, providers should have an opportunity to share information with prospective customers. One of the methods to increase the awareness of new providers is to hold a provider fair. These fairs are to assist people who are selecting service providers for the first time as well as an opportunity for people already receiving services to meet other providers. People are also encouraged to visit potential providers before making a selection.

There are instances when the department plans for a group of participants to obtain 24 hour residential services through a Community Living Arrangement (CLA). When this type of group purchasing occurs, the department utilizes the DDS RFP process with the opportunity publicized on the DAS website. Consumers and families are notified on an annual basis of their right to change service providers. DDS will continue to review informational materials to enhance people's understanding of their choices and the process for selecting a new provider. The department strongly advocates for empowering people to make informed decisions regarding their provider selection.

2.6 Contracting For Services

The POS contract provides the framework for the implementation of the transition to the Uniform LON Based Rate System for organizations authorized to provide services. Qualified providers that provide group supports to DDS participants enter into a POS contract. Payments

under the contract are made based on the utilization of services using established rates similar to the Birth to Three System. While there will be standard rates for each level of need published on the web, historical funding levels will be utilized to determine a transition plan for individual providers to move them to the Uniform rates over the next several years. Day service providers will complete the transition by the end of FY18. Residential service providers will complete the transition by the end of FY19. The contract will also allow for responsive supplemental funding to providers when necessary. The DDS qualified provider system offers new and existing providers the open, fair, and transparent opportunity to provide services as envisioned in the HCBS Waiver. Since this system meets the goals and objectives established by OPM for Purchase of Service contracts, the Department requests a waiver of competitive bidding of these services.

2.7 System Risks

The FY2011 Legislative Rate Study Commission was established to review the CMS guidelines and make recommendations. The finding of the Commission was that “CMS had articulated its requirements to states in the regulations for the Homes and Community Based Waivers. Waiver regulation requires that states have a uniform rate setting methodology for service models; that states pay only for services actually delivered; and that states afford service recipients freedom of choice between service providers in order for the state to qualify for FFP (*Federal Financial Participation*). Connecticut’s existing payment system does not meet any of these three criteria and places the state at risk of federal recoupment of FFP should the state undergo a CMS audit.” This led the Commission to recommend that “A multi-year transition period will allow agencies to develop and implement strategies to deal with the rate differences depending on their historical funding. At the conclusion of the transition period, all services would be paid based on the uniform rates. The plan should consider provisions for financial hardship, utilization review, and other issues impacting implementation.”

A conversion of this magnitude by its nature creates some vulnerabilities and risks. DDS has worked to address the conversion risks through thorough analysis and planning, giving private agencies the opportunity to provide comments and information, and establishing an individual transition planning process for each existing contracted provider. DDS also is minimizing the risk by starting with day services, a much less costly service before starting the transition for residential services. The following chart provides information on the major risk areas.

Risk Approach

The full implementation of rates will exceed current resources.	DDS will continue to analyze the approximate 8000 people in day services each year of the transition. Transportation has been surveyed and was separated as a variable to allow more accurate comparison with cost data. Careful monitoring of total authorizations issued and the utilization of supports will limit the risk.
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Attendance has exceeded the previous historical levels.	The 90% benchmark allows for an increase in attendance within available resources.
Level of Need (LON) Assessments may be revised when teams do not think the associated funding level is adequate.	DDS has begun to implement a system wide database to track individuals with intensive support and supervision needs. Information extracts will be created allowing regional staff to further examine the appropriate needs for these individuals. A process for auditing a sample will be developed for (LON) Assessments.
Established agencies may not continue as DDS providers.	Changes will be phased in allowing providers time to realign their organization to succeed with the new rates. Providers that are the furthest from the day rates will begin the transition on 1/1/2012 and will have 7 ½ years to move to the LON based rates. All other providers will begin the transition on 7/1/2013. Each agency will develop a transition plan to move to the rates based on their particular circumstances. DDS will review and approve each plan to ensure quality services and program integrity.

2.8 Communication

Formal communication with the providers occurs through several mediums. A Transition to the Day Services LON rate work group was commissioned by the DDS Commissioner to include both private and public staff to develop and implement the recommendations of the Legislative Rate Study. A similar workgroup for the transition to Residential Rates will begin January 2012. The workgroups offers providers an opportunity to provide suggestions to administrators from the Operations Center on the details of the transition process. These workgroups provides regular updates to the monthly Trades meeting. The DDS Commissioner chairs the Trades Meeting which includes leadership of the three major trades' organizations and providers they designate. These meetings are now conducted throughout the state on a rotating basis to allow easier access to a wider variety of providers. Written minutes of the workgroups are posted on the DDS website that keep providers informed on the progress of the conversion to rates. Informal updates are provided at regional provider forums and other meetings with members of the provider community. There is a new link on the DDS webpage for updates for providers. Additionally, DDS has sponsored several educational forums open to all providers. National experts on waivers and Federal requirements have presented at these events.

2.9 Work Plan

Area	Action	Status	Target
Transition to Day Service LON Based Rates	Review and recommend a structure for day services Level of Need (LON) based rates	Transition Workgroup reviewed rates	Rates shared November 3, 2011 for Providers more than 8% above or below the rates
	Develop a multi-year transition Plan for the contract service authorizations and the individual budget authorizations.	Transition Workgroup developed a 7.5 year transition plan.	Day services began the transition on January 1, 2012. Residential Services will begin the transition on January 1, 2013.
	Develop a methodology to maintain a system with sustainable direct care wage and benefit levels.	A Sustainability work group has been researching a method to reach a benchmark that would ensure a sustainable direct care wage.	Present a report to the DDS Commissioner by 2/1/2012.
	Develop a mechanism an on-going assessment to re-examine rates on a regular basis.	Transition Workgroup is developing a process to review the rates.	Present a report to the DDS Commissioner by 2/1/2012.
	Develop provisions for financial hardship.	Transition Workgroup is developing a process to review the rates.	Present a report to the DDS Commissioner by 2/1/2012.
Residential Rate Development	Develop need based rates for Community Living Arrangements (CLAs) and revise others	Residential Work Group to be established	First meeting is scheduled for January 12, 2012
	Develop Transition Plan for Providers to Uniform Rate System	Residential Work group will develop a plan to implement the transition over a 7.5 year process	January 1, 2013

Information Technology	Implement Web Based IP 6 Application- New software to integrate participant data, develop and track contract authorizations, and generate utilization based payments	Implement the first phase of the IP6 application.	Testing to being in January 2012 and implementation on July 1, 2012
	Implement Web Based IP6 with enhancements for use with people currently with an individual budget	Requirements have been developed. Incorporation of enhancements with existing system.	Testing in July 2013
	Develop an integrated information architecture (IA), beginning with a data model as requirements basis for sourcing and implementing a consolidated data store. The logical scope and physical implementation of the data model must be adequate to populating the set of application services required to support timely, effective, and complete service coordination for the department's consumers.	Research and design Basic application.	Joint DDS and DSS Planning APD transmittal to CMS
Communication	Communicate with providers through meetings and written materials.	Ongoing through Trades meeting, regional Leadership Forms, Stakeholder work groups.	Continue through residential rate implementation in 2013.

A. TEMPLATE FOR PROCUREMENT SCHEDULE

1. Definitions

Day Services - The Department of Developmental Services (DDS) offers a range of employment and day service options for eligible individuals who have an intellectual disability.

Residential Services - The Department of Developmental Services (DDS) offers a range of residential service options for eligible individuals who have an intellectual disability.

AGENCY NAME PROCUREMENT SCHEDULE For SFY 2013, 2014, 2015

<i>(a)</i> Program/Service Name	<i>(b)</i> Last RFP (SFY, Qtr)	<i>(c)</i> \$ Amount (Total)	<i>(d)</i> Contracts (Number)	<i>(e)</i> Next RFP (SFY, Qtr)	<i>(f)</i> RFP Cycle (In Years)
Program A					
Residential and Day Services	Unknown	\$644,461,198	119	Waiver	

2.10 Oversight

Qualified providers receive quality reviews on an ongoing basis. Each service setting a provider operates is reviewed at least once a year by quality management staff and all individuals served are reviewed by case managers once a year in each service setting (day and residential). All providers have a Continuous Quality Improvement Plan that is monitored by their Regional Resource manager. Based on a statewide review process, providers experiencing quality of care issues may be placed on an enhanced monitoring protocol. Where indicated, these agencies face possible restrictions as a Qualified Provider. If adequate improvement is not achieved, the provider can be permanently removed as a Qualified Provider. All providers also participate in an extensive quality system review process under which they receive a more in depth quality review every two to three years. All of these quality management activities determine whether a provider continues as a Qualified Provider. Providers currently submit a cost report and are cost settled. As part of the new rate system, they will be paid based on the units of service provided typically a per diem or 15 minute intervals depending on the type of service. Providers will still submit an Annual Report and be subject to state single audit.

Section 3: Birth to Three

3.1 Background

Births to Three contracts are awarded as a result of an RFP. All current contracts (general programs, autism-specific programs, and programs specifically for children who are deaf/hard of hearing) were put out to bid on October 6, 2011. The deadline for general programs was 12/6/11, for autism programs 1/3/12, and for deaf/hard of hearing programs 2/1/12. Contractors will be selected for new contracts beginning 7/1/12. Existing programs may receive five year contracts. New programs will receive two year contracts with an option to renew for three additional years. If there are no additional RFPs for programs (based on some programs dropping their contracts or a sudden need for additional capacity in some areas of the state) then we will re-bid some or all contracts in FY18.

Based on their contract, providers are paid a per child "unit rate" which is equivalent to ½ month of active enrollment (i.e. services delivered). The current unit rate for all general Birth to Three programs is \$348. The unit rate for specialized programs (hearing impaired, autism) is \$407. These rates were established after a Cost Study was requested by the legislature in 2005, and they were implemented in January 2007 in accordance with the FY07 Appropriations Act. Contractors are also paid one unit for initial eligibility evaluations and initial service planning meetings. For children who require services more intensive than usual (usual is 4.6 hours/month and anything over 13 hours per month is considered intensive), contractors are paid a supplemental hourly rate for each hour of service delivered over 13 hours. The hourly rates for these supplemental services are \$105.50 for a professional, \$68.00 for a BA-level associate and \$59.50 for a non-BA level early intervention assistant. Of the 384 children whose programs were receiving supplemental rates (out of 4,067 that received services) enrolled in June 2007, 290 of them were children who had, or were suspected of having, an autism spectrum disorder. Since Birth to Three is an entitlement under 17a-248 C.G.S. and IDEA Part C, there is no "cap" on the number of children served by each program. Each program determines when they have the capacity to serve more children by using our networked data system to indicate that they are open for additional referrals. All referrals initiate with our centralized intake office, (a separate POS contract with United Way Infoline.) No new child can be entered into the data system by anyone other than Infoline. Referrals are rotated electronically among provider programs that are open to new referrals unless the family wishes to choose a specific qualified provider of the Birth to Three System that serves their town of residence.

Providers under contract are only paid (in arrears) for the children to whom they actually provide services each month. Monthly invoices are verified through a networked data system that records the dates and types of all services provided. Parents are told that they may transfer from one program to another at any time, but they may not be enrolled in more than one program at the same time.

Payment procedures (and desired outcomes) are very clearly outlined in our POS Contracts as well as our Procedures Manual and are typically updated periodically. Contractors are required to use a billing contractor selected by the state to bill commercial health insurance plans and 100% of their insurance revenue is netted out from the amount owed to them by the Department. The

state (DAS Fiscal Service Center) bills Medicaid directly on a no-check system and the state bills parents each month (using the same billing contractor that bills insurance) on a sliding fee scale, depositing those receipts as a reduction of expenditures into the state account used to pay the Birth to Three contractors.

3.2 Future Procurement Process

The Department of Developmental Services issued a RFP for competitive bidding for all current Birth to Three contracts in October 2011. The contracts will be awarded in January 2012 commencing on July 1, 2012. The contracts will be in effect for the next five years (until FY2018). No additional RFPs are anticipated for the next five years unless some existing contracts are terminated. There is no requirement for competitive bidding for any municipality that would like to operate a Birth to Three programs under contract with the Department, according to current OPM procurement standards.

Like adult services, it is important to all allow new providers the opportunity to join the system. Therefore at least every five years, a RFP will be issued to add one or more providers to the system. Once in the system, families have the ability to choose the provider who will serve their child. They may select a new provider if they are not satisfied with their current provider.

We envision continuing a Birth to Three System in which, through a statutory and regulatory process, rates are established by the Department and posted on the website, and contracted agencies are recruited through an RFP process, as they are now.

3.3 Oversight

Birth to Three programs receives what the Individuals with Disabilities Education Act calls "General Supervision." There are three basic layers:

- a. Programs submit a self-assessment every two years through a module of the Birth to Three data system. The assessment is performance-oriented and data-based. A monitoring team makes random on-site visits to verify the accuracy of the data and visits any program in which there is suspicion that the data may not be accurate. The self-assessment includes both compliance with the federal law and areas of performance. Any compliance indicator showing less than 100% compliance automatically generates an improvement plan. The same is true for any performance indicator showing significant need for improvement. DDS reviews the self-assessment and issues written notification of non-compliance. Programs must correct systemic non-compliance and the correction must be verified by the Department within 12 months of notification. Any instance of child or family-specific non-compliance must be corrected as soon as possible.
- b. Programs are grouped by size, and ranked on three performance indicators. The data is posted on the Birth to Three website and low-performing programs receive an on-site focused monitoring visit that is specific to one indicator. Visits then generate a final report and the program is required to correct any noncompliance.

- c. Written complaints from parents require investigation. If the investigation indicates any areas of systemic non-compliance, the program is obligated to correct within 12 months with verification by the Department.
- d. Providers submit monthly invoices with service based on attendance data they have entered into the Birth to Three data system. Families who are being billed for services receive a report of the services provided and are likely to contact the department if there are errors.

3.4 PROCUREMENT SCHEDULE

AGENCY NAME		PROCUREMENT SCHEDULE For SFY 2013, 2014, 2015			
(a) Program/Service Name	(b) Last RFP (SFY, Qtr)	(c) \$ Amount (Total)	(d) Contracts (Number)	(e) Next RFP (SFY, Qtr)	(f) RFP Cycle (In Years)
Connecticut Birth to Three System	Second quarter, FY2012	\$60,768,546	35	FY2018	Five years

Section 4: Autism Pilot

4.1 Background

The Autism Pilot was assigned to the Department for administration and development in FY 07. The Autism Pilot is managed centrally and, similar to adult and children's services, has used a model of enrolled providers and uniform rates.

4.2 Future Procurement Process

For the Autism Pilot, interested agencies can apply to become an authorized provider and then, if accepted, agree to provide services for a Uniform Fee for Services. If the Pilot becomes a permanent program, efforts will be made to use the same approaches as those utilized in Services to Adults and Children over the Age of Three wherever possible.

The Autism Pilot also has other contracts in the areas of training, technical assistance and clinical services. Due to the pilot nature of the service which has a limited timeframe, the initial contracts

for these services were granted a sole source waiver due to the uniqueness of the skills required. In the future, these will be reviewed on a case-by-case basis and put out to bid as needed. As part of the Autism Pilot, there are occasional meetings with the sixteen providers as well as email communication. Since the pilot has been a Rate Based Fee-For-Service model from its inception, there is no transition information to communicate.

4.3 Oversight

Each person is assigned a service coordinator (case manager) who coordinates services and monitors the quality of the services provided. The Autism Division Director works with the providing agencies on issues relating to service provision under this pilot. Providers complete a daily contact sheet listing the services delivered, which the consumer or a family member signs. The contact sheet is sent to the service coordinator and Fiscal Intermediary monthly. The Fiscal Intermediary provides monthly utilization data. The Director of Autism Services is working with DSS and OPM to develop a HCBS waiver application. As part of this process quality assurance mechanisms will be developed to comply with CMS requirements for waiver programs.

4.4 Procurement Schedule

DSS Autism Division PROCUREMENT SCHEDULE For SFY 2013, 2014, 2015					
<i>(a)</i> Program/Service Name	<i>(b)</i> Last RFP (SFY, Qtr)	<i>(c)</i> \$ Amount (Total)	<i>(d)</i> Contracts (Number)	<i>(e)</i> Next RFP (SFY, Qtr)	<i>(f)</i> RFP Cycle (In Years)
ASRC Autism Spectrum Resource Center	10/1/11- 6/30/12 Sole Source	\$21,000	1	Waiver	Will be reviewed and due to the uniqueness of the skills required a waiver maybe requested
Benhaven Inc	9/1/11- 6/30/12 Sole Source	\$5,400	1	Waiver	Will be reviewed and due to the uniqueness of the skills required a waiver maybe requested
Center for Children With Special Needs, LLC	7/1/11- 6/30/12 Sole Source	\$48,000	1	Waiver	Will be reviewed and due to the uniqueness of the skills required a waiver maybe requested

TAC	7/1/11- 6/30/12			Waiver	Will be reviewed and due to the uniqueness of the skills required a waiver maybe requested
Technical Assistance Collaborative	Sole Source	\$13,180	1		

Section 5: Other POS Contracts

5.1 Background

Most of the other POS contracts in the Department are not with private provider agencies. They are for specialized areas such as clinical services, training, United Way Infoline, and Fiscal Intermediary Services.

5.2 Future Procurement Process

Presently all POS contracts for clinical services for DDS consumers are processed in accordance with the directives issued by the Office of Policy and Management. POS contracts for clinical services for DDS consumers are revised as needed to reflect the declining population of consumers in DDS-operated facilities. In order to maintain compliance with OPM, DDS will continue to adhere to all future directives issued by OPM.

DDS is at the beginning stages of the implementation of the day LON based rates. As part of this process, DDS has begun to move supports from individual budgets to the POS contract. The Fiscal Intermediary services contract ends in December 2012. DDS will request a waiver from competitively bidding the Fiscal Intermediary (FI) contracts for an additional three years in order to determine the volume of work that will eventually be completed by the FI.

5.3 Oversight

The staff member who requests a contractor to provide clinical services to our consumers oversees the services provided by the contractor by monitoring the quality and quantity of services provided. Birth to Three oversees the United Way contract closely since that agency acts as the central intake office for all referrals. Not only is data reviewed monthly, but consumers, providers, and referral sources are surveyed to ensure that the service is friendly, accurate, and efficient.